

REQUEST FOR ADMINISTRATIVE REVIEW  
OF CLASSIFICATION ACTION

I. Requestor

- a. Name \_\_\_\_\_  
b. Representative and name of organization, if any \_\_\_\_\_

II. Position Identification (Provide information or attach copy of HRD-1)

Pos. No. \_\_\_\_\_ Current Pos. Title \_\_\_\_\_

Dept. \_\_\_\_\_

Division or Office \_\_\_\_\_

Branch \_\_\_\_\_

Section \_\_\_\_\_

III. Classification Action Disputed (Provide information or attach copy of HRD-1 and HRD 258, or notification letter if available.)

- a. Date of department director's signature on position description \_\_\_\_\_

b. Nature of classification action taken

1.  No Change

2.  Reallocation from \_\_\_\_\_  
(title & SR/WB/HC/EM)

to \_\_\_\_\_  
(title & SR/WB/HC/EM)

- c. Date of notice of classification action: \_\_\_\_\_

IV. Classification Action Requested in the Administrative Review

Title & SR/WB/HC/EM of requested class

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V. Duties Which Justify Reallocation to the Requested Class or New Class  
(Attach additional sheets if more space is needed.)

	<u>Tasks</u>	<u>% of Time</u>
1.		_____
2.		_____
3.		_____

VI. Other Reasons or Concerns

VII. Incumbent's Certification

I hereby certify that the information provided above is an accurate description of the work of my position. I also certify that none of the tasks cited were assigned to my position after the position description in question was submitted.

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Employee's Signature and Date